assess the factors influencing annual treatment costs. Logistic regression analysis was conducted to assess the association between obesity and related clinical factors. **RESULTS:** A total of 341 (3.4%) children or adolescents received an obesity diagnosis during the study period. The average annual treatment costs were $7481 (SD ± 8371) for patients experiencing obesity and $5364 (SD ± 15,322) otherwise. A total of 4204 (42.5%) patients received atypical antipsychotics, 2237 (22.6%) with lithium, and 5890 (59.5%) with other anticonvulsants. Being obesity is associated with atypical antipsychotic use (odds ratio [OR] = 1.49, 95% confidence interval [CI] 1.18–1.88), and key comorbidities like diabetes mellitus (OR = 3.40, 95%CI 1.96–5.89) and hypertension (OR = 4.41, 95%CI 2.70–7.20). Higher treatment cost is associated with the use of atypical antipsychotics ($p < 0.0001$), hospitalization ($p < 0.0001$), ER visit ($p < 0.0001$), and some key comorbidities like diabetes mellitus ($p < 0.0001$) and substance abuse disorder ($p < 0.0001$). **CONCLUSION:** Higher treatment costs are associated with obesity in children or adolescents with bipolar disorder. Metabolic complications should be considered by clinical practitioners when prescribing medication in this population.

PODIUM SESSION II

HEALTH CARE DECISION-MAKER'S CASE STUDIES II

CASE 4

THE IMPACT OF THE PROJECT OF ENHANCING COVERAGE RATE FOR PATIENTS WITH CANCER

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Problem or Issue Addressed: Policy makers of Korean government decided to increase the rate of public expenditure on health per total expenditure on health (coverage rate) in the patients with cancer. There had been conflicts between health care providers and decision makers of health insurance in the use of off-label anticancer drug.

Goals: (1)Stepwise increase coverage rate of the patients with cancer; (2)Rational control of off-label drug use related to treatment of cancer including chemotherapeutic drugs and drugs for cancer pain; (3)To control the reimbursement for the patients with cancer in the limited budget allocation.

Outcomes items used in the decision: Safety and effectiveness data from the literature and cost of drug.

Implementation Strategy: A Project to enhance coverage rate of treatment of cancer started in September, 2005. The project consists of the registry of the patients with cancer, and the special committee for review of drugs related to treatment of cancer. The handouts for the meetings have been made according to the 'evidence based review manual' which had been made by evidence based health care team of HIRA. It is systematic approach to retrieve information related to the safety and effectiveness about the drugs. The rate of the patient's payment per benefit schedule is reduced from 20% to 10%.

Results: The total number of patients whose medical fees were claimed by health care provider was 42.8 million in 2005 and it was 43.4 million in 2006 increased by 1.4%. The total number of patients with cancer among them was 670 thousands in 2005 and it was 710 thousands in 2006, increased by 6.0%. The rate of public expenditure on health per total expenditure on health in the patients with cancer increased from 49.6% to 71.0%. The rate of patients taken with anticancer chemotherapy increased from 5.9% to 7.9%. The expected allocated budget was 597 million $ and the actual spending money was 524 million $. The conflicts about off-label drug use have decreased.

Lessons Learned: The project was performed successfully by evidence based decision making process and reasonable use of off label drug use.

CASE 5

THE CENTER FOR DRUG POLICY: PARTNERS HEALTHCARE

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Problem or Issue Addressed: The Pharmacy Cost Management Committee of the Partners Healthcare System (PHS), a consortium of seven greater Boston area hospitals, has recognized the need to control the future growth rate of pharmaceuticals by managing the utilization of new, high cost pharmaceutical technologies and learning from best practices across the network and country. The Center for Drug Policy (CDP) was established in August 2007 to provide the analytical resources to support the Pharmacy Directors and multidisciplinary teams of physician and pharmacist content experts in this endeavor.

Goals: The major objectives of the CDP are to forecast and manage the introduction of new, high cost pharmaceutical technologies and to streamline the development and implementation of common guidelines across the network. Additional objectives of the CDP are to 1) identify and coordinate cost savings opportunities, 2) conduct prospective utilization reviews and assessment, 3) share best practices across the network, and 4) benchmark against high performance organizations nationwide.

Outcomes items used in the decision: Both process and outcome-related measures will be measured. For process-related measures, the number of the following outputs and select intermediate steps will be assessed quarterly: guidelines (drug/therapeutic class/disease), budget-impact models, guideline dissemination and implementation, and assessment of guideline impact. Outcome-related measures will be assessed at a global level and a project-specific level. At the global level, annual drug purchases, drug cost/case-mix adjusted discharge, and drug cost/case-mix adjusted patient day will be measured quarterly at each hospital. At a project-specific level, outcomes will depend on the pharmaceutical technology but would include clinical (e.g., adherence to guidelines, time to event, complications, etc.) and economic measures (e.g., volume of drug, length of stay, drug purchases, etc.)

Implementation Strategy: To establish the CDP, the CDP leadership met with key stakeholders across the network of hospitals, undertook a targeted literature review of cost management strategies in the hospital setting, and conducted an on-site visit to another hospital's CDP. Access to and training on key data resources including drug purchasing data, computerized physician order entry, and cost accounting systems was obtained. A database to track emerging drug therapies and tools to assist in project management were created. Internal processes and tools were developed to ensure quality, consistency, and documentation of guideline development. To facilitate sharing best practices across the hospital network, presentation opportunities have been provided at monthly CDP meetings; in addition, a monthly memo summarizing key Pharmacy & Therapeutics Committees activities across the network has been prepared and distributed to Pharmacy leadership. Templates for ongoing internal reporting were also developed.

Results: As the CDP was established in August 2007, data collection is ongoing; an overview of anticipated results is, however,